

COLMR Connections

CENTER FOR ORGANIZATION, LEADERSHIP & MANAGEMENT RESEARCH

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COLMR Connections is a publication of The Center for Organization, Leadership & Management Research, a VA HSR&D Center of Excellence. Each issue provides summary information about ongoing and recently completed research projects, newly funded studies and other items of interest.

For more information on COLMR activities, including any of the studies described in this newsletter, please visit our website:

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A Message From the Center PI

In this issue of *COLMR Connections* we are pleased to report on several on-going and newly-approved projects. COLMR's unique research foci are 1) how organization and management practices affect quality of care, and 2) how organization and management practices are related to the implementation of change, especially implementation of evidence-based practices. The project investigating the relationship between primary care team processes and patient outcomes, described on page 3, is an excellent example of the first research focus. It relies upon both primary qualitative data collection and use of the VHA All Employee Survey, where the investigators are able to utilize data identifiable by individual primary care teams. A project of this type is possible only in VA, where we have not only a large number of sites to study and data systems that allow measurement of patient outcomes, but also an organizational mission and culture that encourages research and organizational data collection that is unique among health care organizations.

The development, refinement and application of the organizational transformation model (OTM), described on page 2, is an example of COLMR's second research focus. Implementing evidence-based practices remains a major challenge, and there is evidence that characteristics of the evidence-based practice, the implementation process and the organization all effect the likelihood of successful implementation. COLMR's work guided by the OTM model is complementary to most

of the efforts of QUERI investigators in that its focus is on the organizations in which evidence-based practices are being implemented. We are pleased that other investigators are recognizing the importance of examining organizational context and that this was an important topic for discussion at the recent QUERI meeting in Phoenix.

With several new projects recently launched or soon to launch pending IRB approval (please refer to the list of newly-funded projects on page 4), we are working on a rich portfolio of projects to fulfill our mission. The two new projects with Henry Lew and Peter Kaboli (Iowa City) are especially exciting because they represent collaborations of clinicians and organizational scientists who together can best investigate factors affecting care.

Welcoming New Staff

Brian Ayotte, PhD, is a new post-doctoral fellow at COLMR. He received his PhD in Life-span Developmental Psychology from West Virginia University in 2007 and transferred here from the Center for Health Services Research in Primary Care in Durham, NC. His research focuses on interpersonal influences on health behavior and health outcomes, as well as cognition and cognitive functioning in the contexts of health, health disparities, and everyday functioning.

Validating the Model of Organizational Transformation in Healthcare

COLMR investigators, involved in evaluating the Robert Wood Johnson Foundation (RWJF) funded Pursuing Perfection (P2) program, developed a theoretical model of organizational transformation in healthcare that depicts the essential elements in this complex process. This model is the result of five years of extensive site visit interviews and comprehensive surveys of hospital personnel, from the CEO to the frontline providers, at twelve hospitals across the country. The research team is led by Dr. Martin Charns. The model identifies factors that differentiate organizations that accomplish only short-term improvements from those able to sustain improvements and spread expectations, values and skills for continual improvement. For more information about this model refer to VanDeusen Lukas C et al, Transformational change in health care systems: An organizational model, *Health Care Management Review*, October/December 2007.

The P2 transformational change model contributes to organizational theory as well as provides potential practical guidance for managers and investigators. However, the model was developed based on the experiences of a limited number of healthcare organizations. Therefore, the team is currently executing another RWJF-funded study designed to validate the model by exploring the extent to which its features explain variations in experience among high-performing organizations engaged in patient care improvement efforts compared to those with less successful results.

The validation study involves ten organizations that represent a range of healthcare settings throughout the country. They were randomly selected based on the level of performance on the Centers for Medicare and Medicaid Services (CMS) Hospital Compare dataset. We completed 118 telephone interviews with key staff (from the CEO/President to front line staff) using the theoretical transformational change model as the framework for the semi-structured interview guide.

Preliminary results show that high performers have been actively involved in patient care quality improvement efforts longer than medium performers and overall showed greater adherence to the model. The six high CMS performers also had the highest mean scores on adherence to the model, while three of the four medium performers scored lowest in adherence to the model. Only one of the ten sites did not conform to our hypothesis. Based on

these results, we have submitted two abstracts to the AcademyHealth Annual Research Meeting.

The model of organizational transformation has also been used in several VA studies thus far, specifically the “Strengthening Organization to Implement Evidence-Based Clinical Practice” project and the “Identifying and Characterizing High Performing VHA Nursing Homes” project. It is also the conceptual framework for an additional RWJF-funded study, “To Achieve the Best: Evaluating Quality Improvement Training as a Means to an End,” being conducted in collaboration with Cincinnati Children’s Hospital Medical Center as one of five projects funded in the RWJF “Evidence for Improvement: Evaluating Quality Improvement Training” program.

Implementation of Supported Employment

A COLMR team lead by Dr. Irene E. Cramer recently completed data collection on a sub-study in a QUERI-funded project on the national implementation of supported employment (SE). SE is an evidence-based practice for helping people with serious mental illness obtain customized, competitive employment in the community, and was implemented in 2004 across 21 VA Medical Centers (VAMC), one in each VISN. The COLMR team interviewed key informants at six VAMC sites that were among the first to implement SE. Twice over a 2-year period, stakeholders were asked about their experiences in the development of the SE program. The goals of the study were to: 1) describe the extent to which the anticipated organizational and programmatic changes are achieved, including characterizing the structure, organization and administrative support within each program; 2) compare structures, processes and outcomes between SE programs with high and low effectiveness, including the influence of administrative support; and 3) identify other factors that contribute to or impede successful implementation and employment outcomes. Current efforts from the COLMR team are focused on developing dissemination products that address organizational transformation factors, facilitators, and barriers related to successful SE implementation.

Primary Care Teams Impact Care Delivery

Investigators at COLMR, along with colleagues from the National Center for Organization Development (NCOD) are fully engaged in an examination of how primary care team characteristics of team goal orientation, learning, communication and civility are associated with measures of patient care, quality performance and patient satisfaction. The HSR&D funded project is lead by Dr. David Mohr.

Much research has been devoted to the study of teamwork in organizational settings and its effect on performance, safety and process implementation. Many studies on teams follow the input-process-output model that has led to significant advances in understanding teamwork. However, this model's linear, additive perspective on team characteristics has certain limitations. Because of unique actors, political situations, and random events, team-related processes do not always unfold as predicted by linear models; for example, a small process change can drastically change the behavior of the whole system. The complex adaptive systems perspective (CAS) seeks to address these limitations. CAS offers a framework to understand how teams adapt to changes by focusing on the inter-dependencies among elements in a system. The study is examining how these two models of teamwork can better explain ways to improve patient care.

Understanding differences in team process and performance across different types of primary care delivery settings is important as VHA increasingly focuses on CBOCs as a key delivery setting. To be able to better deal with the changes and needs of the veteran population, VHA managers require more information on what characteristics of primary care teams enhance their ability to meet patient care needs.

This research is focused on the individual teams within CBOCs and hospitals that each provide care to an assigned patient population. Currently, most data on primary care team performance is at the facility-level and combines teams into one unit. That approach may mask differences among operating units (e.g. red team and blue team) that exist in hospitals and CBOCs.

Early findings suggest that investigating how the input-process-output and CAS models apply to primary care settings will help to explain significant patient care outcomes as well as identify components of teamwork that are strongly related to high quality performance. These findings appear to indicate areas of process that can

benefit from targeted intervention and focus. The study is currently analyzing multiple datasets. Site visits to several medical centers are planned in the near future to test and refine the model.

Pay-for-Performance

Investigators at COLMR are paving the way for a better understanding of the results of pay-for-performance programs in relation to quality of care. These programs are important to national and regional leaders because they are targeted to increase clinical quality and reduce health care expenses. While gathering and disseminating their findings from the national evaluation of the Rewarding Results program and the Multi-site Evaluation of Pay-for-Quality in Safety Net Settings, COLMR investigators have made a substantive contribution to a more coherent healthcare national policy for provider-payment. This research initiative is led by Dr. Gary Young.

While pay-for-performance continues to evolve as a major healthcare policy initiative for government and the private sector, COLMR investigators' findings regarding the impact and implementation of pioneering programs have contributed to a better understanding of opportunities and challenges that confront these programs. The expertise of COLMR staff and collaborators has been acknowledged by policy makers and researchers alike.

Along with providing research evidence to guide policy makers and health care executives about the value of Pay-for-Performance, COLMR also provides resources to researchers interested in studying this topic. The survey instrument developed for the Rewarding Results evaluation (PAI-26) is already in use by researchers outside of COLMR (see Meterko M et al, Provider Attitudes toward Pay-for-Performance Programs: Development and Validation of a Measurement Instrument, Health Services Research, October 2006).

Recognizing COLMR Staff

Recently Funded Projects

Barbara Lerner, MS, CGC, COLMR project manager and DSc candidate in the Health Services Research Program at Boston University, is the principal investigator

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Recognizing COLMR Staff

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for a training grant, “Communication During Genetic Test Disclosure Sessions: Impact on Patient Outcomes.” This study, funded by The Agency for Healthcare Research & Quality (AHRQ), seeks to explicate the communication process in the context of susceptibility testing for Alzheimer’s disease and determine which elements of the communication lead to high quality patient outcomes. Study findings are expected to inform the development and implementation of genetic risk assessment programs for common diseases such as heart disease and diabetes, and will have implications for provider and patient education.

Dr. Henry Lew is the Principal Investigator for “TBI Evaluation Instruments and Processes for Clinical Follow-up.” This project will address 4 general goals: 1) Why some patients with a positive initial screen for mild blast-related traumatic brain injury (mild bTBI) do not proceed on to a full evaluation; 2) why some patients with symptoms consistent with a positive diagnosis of bTBI do not complete a treatment plan; 3) what factors account for differential rates of positive diagnoses across facilities; 4) what factors account for differential rates of utilization of the VA by patients with symptoms consistent with positive vs. negative diagnoses. Other COLMR members of the research team include Drs. Marty Charns, Mark Meterko, Errol Baker and Ms. Kelly Stolzmann. Dr. Ann Hendricks is co-PI, and other Boston investigators are Drs. Maxine Krengel, Jennifer Vasterling, and John Gardner.

Co-Principal Investigators **Dr. Joseph Restuccia** and Dr. Peter Kaboli of the Iowa City VA Medical Center, were recently awarded an HSR&D investigator-initiated grant entitled, Organizational Factors and Inpatient Medical Care Quality and Efficiency. The primary goal of the study is to systematically study the impact of hospitalists and other organizational factors on the quality and efficiency of inpatient medicine services. Other investigators on the research team include Drs. Mark Meterko and James Burgess, and Ms. Alexis Maule from the Boston VA Medical Center; Drs. Mary Vaughan Sarrazin, Steve Hillis, and Jason Hockenberry from the Iowa City VA Medical Center; and Dr. Andrew Auerbach from the University of San Francisco Medical Center.

Awards and Honors

Dr. Martin Charns received a teaching award from the Boston University School of Public Health for his course in the Doctoral Program in Health Services Research, “Theory and Research on Healthcare Organizations.”

Disseminating Our Research Results

Presentations, Posters and Workshops

Charns M, Cramer I, Meterko M, Stolzman K, Pogoda T, Holloway R, Lin H, Hendricks A. Effects of Specialized Centers on Processes of Chronic Care Delivery for Patients with Parkinson’s Disease. HSR&D National Meeting. Baltimore, MD. 2009.

Kilbourne A, Greenwald D, **Hermann R, Charns M**, McCarthy J, Yano E. VA Financial Incentive and Accountability for Integrated Medical Care in VA Mental Health Programs. QUERI National Meeting. Phoenix, AZ. 2008.

Pogoda TK, Cramer IE, Meterko M, Lin H, Hendricks A, Holloway R, **Nealon Seibert M, Stolzmann K, Ballah KG, Charns M**. Patient and Organizational Factors Related to Education and Support Use by Veterans with Parkinson’s Disease. HSR&D National Meeting. Baltimore, MD. 2009.

VanDeusen Lukas C, Silver J, Gerena-Melia M. Measuring Implementation Success. QUERI National Meeting. Phoenix, AZ. 2008.

Publications/Journal Articles

Mohr DC, VanDeusen Lukas C, Meterko M. Predicting healthcare employee participation in an office redesign program: Attitudes, norms, and behavioral control. *Implementation Science*. 2008; 3:47.

Lukas CV, Mohr DC, Meterko M. Team effectiveness and organizational context in the implementation of a clinical innovation. *Quality Management in Health Care*. 2009; 18:1.

Kim K, Carey K, **Burgess JF**. Emergency Department Visits: The Cost of Trauma Centers. *Health Care Management Science*. (Forthcoming).

Kilbourne AM, Fullerton C, Dausey D, Pincus HA, **Hermann R**. A Framework for Measuring Quality and Promoting Accountability Across Silos: The Case of Mental Disorders and Co-occurring Conditions. *Quality and Safety in Health Care*. (Forthcoming).

Pogoda T, Cramer IE, Meterko M, Lin H, Hendricks A, Holloway R, **Charns M**. Patient and Organizational Factors Related to Education and Support Use by Veterans with Parkinson’s Disease. *Movement Disorders*. (Forthcoming)